

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Clear Channel		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 1333 SW 68th Parkway		Amount 5400.00	
City Tigard	State OR	Zip Code 97223	Transaction ID : SE.14209
Purpose of Expenditure radio ads	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014	
Name of Federal Candidate JASON CONGER		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 131213.39		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 216.55	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14241
Purpose of Expenditure voter guide	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate MONICA WEHBY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 190264.67		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5616.55
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

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Date

MM / DD / YYYY
04 / 25 / 2014

Signature

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address 4907 Indian School Rd NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.08</div>		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14242 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type 004	Name of Federal Candidate JAMES LAURENCE BUCHAL		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">142.29</div>	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address 4907 Indian School Rd NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">243.69</div>		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14243 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type 004	Name of Federal Candidate JASON CONGER		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">190048.12</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">270.77</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 27.08	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14244
Purpose of Expenditure voter guide		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ 2014	

Full Name of Payee Eagle Mailing Service		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 4907 Indian School Rd NE		Amount 81.24	
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14245
Purpose of Expenditure voter guide		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014
Name of Federal Candidate DELINDA MORGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address 4907 Indian School Rd NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">81.24</div>		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14246 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate TOOTIE SMITH		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">426.86</div>	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address 4907 Indian School Rd NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.08</div>		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14247 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate GREGORY P WALDEN		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">257.50</div>	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">108.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address 4907 Indian School Rd NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">81.24</div>		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14248 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate WILLIAM JASON YATES		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">853.71</div>	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Eagle Mailing Service			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address 4907 Indian School Rd NE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">81.24</div>		
City Salem	State OK	Zip Code 97305	Transaction ID : SE.14249 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate ART ROBINSON		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">426.86</div>	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">162.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address PO Box 12009			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">390.67</div>		
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14221 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type 004	Name of Federal Candidate JASON CONGER		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">189457.18</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee Eagle Web Press			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 23 / 2014</div> </div>		
Mailing Address PO Box 12009			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43.40</div>		
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14222 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 04 / 25 / 2014</div> </div>		
Purpose of Expenditure voter guide		Category/ Type 004	Name of Federal Candidate DENNIS BRADLEY LINTHICUM		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">187.02</div>	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">434.07</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014 </div>	
Mailing Address PO Box 12009		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 130.22 </div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14223 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 </div>
Purpose of Expenditure voter guide		Category/ Type 004	
Name of Federal Candidate DELINDA MORGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 561.01 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014 </div>	
Mailing Address PO Box 12009		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 130.22 </div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14224 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014 </div>
Purpose of Expenditure voter guide		Category/ Type 004	
Name of Federal Candidate ART ROBINSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 345.62 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 260.44 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> 260.44 </div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 04 / 23 / 2014 </div>	
Mailing Address PO Box 12009		Amount <div style="border: 1px solid black; padding: 2px;"> 130.22 </div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14225 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 04 / 25 / 2014 </div>
Purpose of Expenditure voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate TOOTIE SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 345.62 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 04 / 23 / 2014 </div>	
Mailing Address PO Box 12009		Amount <div style="border: 1px solid black; padding: 2px;"> 43.40 </div>	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14226 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 04 / 25 / 2014 </div>
Purpose of Expenditure voter guide		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate GREGORY P WALDEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 230.42 </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 173.62 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 173.62 </div>

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Mrs. Gayle Atteberry

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 347.25	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14227
Purpose of Expenditure voter guide	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		189804.43	

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 130.22	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14228
Purpose of Expenditure voter guide	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate WILLIAM JASON YATES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
		691.23	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	477.47
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

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04 / 25 / 2014

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address PO Box 12009		Amount 43.40	
City Salem	State OR	Zip Code 97309	Transaction ID : SE.14229
Purpose of Expenditure voting guide	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014	
Name of Federal Candidate JAMES LAURENCE BUCHAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 115.21		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014	
Mailing Address 16805 NE Mason Court		Amount 46454.90	
City Portland	State OR	Zip Code 97230	Transaction ID : SE.14207
Purpose of Expenditure mailing	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014	
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought 178299.16		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46498.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 24 / 2014
Mailing Address 16805 NE Mason Court		Amount 9714.35
City Portland	State OR	Zip Code 97230
Purpose of Expenditure mailing	Category/Type 004	Transaction ID : SE.14208 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 188013.51		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee KNLR		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 01 / 2014
Mailing Address 30 E. BRIDGEFERED BLVD		Amount 1053.00
City BEND	State OR	Zip Code 97702
Purpose of Expenditure radio ads	Category/Type 004	Transaction ID : SE.14206 Date of Disbursement or Obligation MM / DD / YYYY 04 / 24 / 2014
Name of Federal Candidate JASON CONGER		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 189066.51		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10767.35
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014
Mailing Address 1050 Sunnyview Rd		Amount 70.12
City salem	State OR	Zip Code 97301
Purpose of Expenditure mailing for voter guide	Category/ Type 004	Transaction ID : SE.14197 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate GREGORY P WALDEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 143.62		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014
Mailing Address 1050 Sunnyview Rd		Amount 70.12
City salem	State OR	Zip Code 97301
Purpose of Expenditure mailing of voter guide	Category/ Type 004	Transaction ID : SE.14198 Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate JAMES LAURENCE BUCHAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 71.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	140.24
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 70.12	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14199
Purpose of Expenditure mailing of voter guide	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014	
Name of Federal Candidate DENNIS BRADLEY LINTHICUM		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President <input type="checkbox"/> State: OR	
Calendar Year-To-Date Per Election for Office Sought 73.50		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 210.33	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14200
Purpose of Expenditure mailing of voter guide	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014	
Name of Federal Candidate DELINDA MORGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> State: OR	
Calendar Year-To-Date Per Election for Office Sought 220.47		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	280.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>		

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014 </div>	
Mailing Address 1050 Sunnyview Rd		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 210.33 </div>	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14201 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014 </div>
Purpose of Expenditure mailing of voter guide	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate ART ROBINSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: OR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2014 </div>	
Mailing Address 1050 Sunnyview Rd		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 210.33 </div>	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14202 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014 </div>
Purpose of Expenditure mailing of voter guide	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate TOOTIE SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: OR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 420.66 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> </div>

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Mrs. Gayle Atteberry

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 560.75	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14203
Purpose of Expenditure mailing of voter guide		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate MONICA WEHBY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 630.87	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14204
Purpose of Expenditure mailing voter guide		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate JASON CONGER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1191.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00141572 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Postmaster		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 23 / 2014	
Mailing Address 1050 Sunnyview Rd		Amount 210.32	
City salem	State OR	Zip Code 97301	Transaction ID : SE.14205
Purpose of Expenditure maling for voter guide	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014	
Name of Federal Candidate WILLIAM JASON YATES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 1.69	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14163
Purpose of Expenditure voter guide	Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014	
Name of Federal Candidate JAMES LAURENCE BUCHAL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	212.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rise Graphic Design			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014		
Mailing Address 2095 church St Se			Amount 16.30		
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14164		
Purpose of Expenditure VOTER GUIDE		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014		
Name of Federal Candidate JASON CONGER			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 54790.06			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Rise Graphic Design			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014		
Mailing Address 2095 church St Se			Amount 1.69		
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14165		
Purpose of Expenditure VOTER GUIDE		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014		
Name of Federal Candidate DENNIS BRADLEY LINTHICUM			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 1.69			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.99
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 5.07	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14166
Purpose of Expenditure VOTER GUIDE	Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014	
Name of Federal Candidate DELINDA MORGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> State: OR	
Calendar Year-To-Date Per Election for Office Sought 5.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 5.07	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14167
Purpose of Expenditure VOTER GUIDE	Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014	
Name of Federal Candidate ART ROBINSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President <input type="checkbox"/> State: OR	
Calendar Year-To-Date Per Election for Office Sought 5.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.14
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 5.07	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14168
Purpose of Expenditure VOTER GUIDE		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014
Name of Federal Candidate TOOTIE SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 5.07		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 1.69	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14169
Purpose of Expenditure VOTER GUIDE		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014
Name of Federal Candidate GREGORY P WALDEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 3.38		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6.76
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
04 / 25 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	20	OF	20
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Right to Life/Oregon PAC		FEC IDENTIFICATION NUMBER ▼ C C00141572	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 14.60	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14170
Purpose of Expenditure voter guide	Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014	
Name of Federal Candidate MONICA WEHBY		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Rise Graphic Design		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2014	
Mailing Address 2095 church St Se		Amount 5.07	
City Salem	State OK	Zip Code 97302	Transaction ID : SE.14171
Purpose of Expenditure VOTER GUIDE	Category/ Type 006	Date of Disbursement or Obligation MM / DD / YYYY 03 / 27 / 2014	
Name of Federal Candidate WILLIAM JASON YATES		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	67177.23

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mrs. Gayle Atteberry

[Electronically Filed]

Date

MM / DD / YYYY
04 / 25 / 2014

Signature